

# **COLLABORATIVE INITIATIVE TO HELP END CHRONIC HOMELESSNESS**

## **FREQUENTLY ASKED QUESTIONS**

### **HRSA QUESTIONS:**

**1. Will the \$300,000 in HRSA funds be part of the base funding or supplemental funding for the CHCs?**

The HRSA funds will be a supplement for no longer than the 3-year duration of the Collaboration. It will NOT be folded into the base funding for the program.

**2. Would medical respite care be fundable as part of d/c planning for HRSA funds?**

Medical respite care is an eligible service for health center support, so may be covered if you determine that it is needed by the clients you wish to serve.

**3. Please provide a definition of "community" for application purposes**

For the purposes of the primary care component of the application, we consider the term "community" to be a logical geographic area (city, county, etc.) for which data is customarily compiled. A health center may serve one or more communities in its "service area."

**4. Is collaboration required, if an agency is able to provide all core services?**

An agency must be able to meet the eligibility criteria for each funding component in order to apply for the available funds. For the primary care piece, the agency must be a Section 330-funded health center. If your organization meets this criterion, you do not have to collaborate with another organization for primary care services.

**5. Is the HRSA funding for gaps in current system?**

The HRSA funds would be used to serve those chronically homeless clients being housed under the Collaboration who do not already have

access to primary care services. If they already are accessing comprehensive services, then you would not need to apply for additional funds for these services.

**6. Can we use more than one 330 in our collaborative? Or should only one 330 be identified and used?**

You are certainly free to use more than one Section 330 health center to serve these clients. However, for ease in administration (for both us and for you), it would be preferable if only one health center applied for the HRSA funding.

**7. If the lead applicant is not a 330 health center, and we are not requesting HRSA funds, are we still eligible to apply for the initiative as long as we describe how individuals will be linked to primary care?**

Yes, you are free to apply for other components of the collaboration without applying for health center dollars for the primary care component. But, as the NOFA indicates, you will still have to thoroughly describe how clients of the program will access comprehensive primary care services.

**8. For the HRSA portion of the grant, do we need to submit all the PHS 5161 documents? What if we are not applying for HRSA funding? Which certifications are required?**

For the HRSA portion of the collaboration, you need to submit the cover form for the SF 5161, plus the budget pages. You do not need to follow the narrative format for the 5161, but instead would follow the application instructions contained in the NOFA.

If you are not requesting health center funds, you do not need to submit any standard forms, but do need to describe how primary care services will be provided, as outlined in the NOFA.

**9. Can an eligible health care organization receive funding from more than one funding source...i.e. if a clinic receives community health dollars and public housing primary care dollars, are they eligible for this type of funding?**

Certainly - an organization that receives more than one type of funding through the Health Center program is definitely eligible for funding under the Collaboration.

**10. Can I as a subcontractor of the Health Care for the homeless grant in Los Angeles, be the lead agent? We are not a 330 Health Center but I am a 340.**

There are a number of ways to interpret your question. A health center subcontractor cannot be the recipient of the funds for the primary care component of the Collaboration, although the health center may subcontract with your organization to deliver primary care services to the clients targeted for the project.

ANY organization can be the "lead agent" for the entire collaboration, however, as long as it meets all the requirements as outlined in the NOFA.

**11. We have only one (1) 330 designated Health Center in the area. Can that organization subcontract with an existing (non-330 designee) homeless health care clinic for all services associated with this grant?**

A health center is permitted to subcontract with another entity to deliver services under the Collaboration. We will expect the health center to monitor the performance of the subcontractor, report on the clients served, etc., and will hold the health center accountable for meeting the commitments made for addressing the needs of the clients served.

**12. Please make it abundantly clear whether for profit agencies can participate and/or partner with the collaborative and be funded with these funds.**

For funding of the primary care portion of the collaboration (through the DHHS Health Resources and Services Administration), you must request funding through a Section 330-funded health center. By statute, all such organizations are either not-for-profit or public entities. So for-profit agencies would not be eligible to receive these dollars.

**13. How does one find out the names of SEction 330 Health Centers?**

[www.bphc.hrsa.gov](http://www.bphc.hrsa.gov) has a spot entitled "Find a Health Center" where you can enter a location, zip code, etc. and find out whether any Section 330 health centers are in that community. We have over 850 health centers in urban and rural areas throughout the country, so likely there is a center in or adjacent to the area where you are located.